

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587 873

FILING DATE

7.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3						
4						
5						
6	3					
7	3					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1		1			
19			1			
20			1			
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24						
25						
26	1		1			
27	1		1			
28	2		1			
29	2		1			
30						
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
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50						
TOTAL IND.			3			
TOTAL DEP.			33			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						